

6. Received instruction from an experienced PRO rating holder,

S&TA, IE, or licensed pilot in

filing NOTAMs.

Professional Exhibition (PRO)Rating Proficiency Card

United States Parachute Association®

- [QUALIFYING DEMONSTRATION PERFORMANCE	JUMPS I
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USPA PRO Exhibition Ratings are issued to members who have, using the same model and size canopy, accomplished a series of ten consecutive (as declared) jumps into a 40 feet long by 20 feet wide target area. Each landing must be made standing up, the jumper must make the first contact and stop within the designated landing

area. All qualification jumps must be made in the pr	resence of an S&TA, Examiner, member o	f the USPA Board or USPA Judge. Except for the night jump requirement, within the previous 12 months of the submission date of this application.		
Date Location		Validating Signature*/Member#		
	□ Crosswind □ Standard	□ S&TA □ BOD □ Examiner □ JUDGE		
	□ Crosswind □ Standard	□ S&TA □ BOD □ Examiner □ JUDGE		
	☐ Crosswind☐ Standard	□ S&TA □ BOD □ Examiner □ JUDGE		
	☐ Crosswind ☐ Standard	□ Examiner □ JUDGE		
	□ Crosswind □ Standard	□ Examiner □ JUDGE		
	□ Crosswind □ Standard	□ Examiner □ JUDGE		
	□ Crosswind □ Standard	□ S&TA □ BOD □ Examiner □ JUDGE		
	□ Crosswind □ Standard	□ Examiner □ JUDGE		
	□ Crosswind □ Standard	□ Examiner □ JUDGE		
	☐ Crosswind☐ Standard	□ S&TA □ BOD □ Examiner □ JUDGE		
pledge by the certifying S&TA, IE, USPA Board 3) the jump was logged correctly.	member or USPA Judge that: 1) they personal Applicant: You may not certify yourself. Video	7. At least ten signatures must appear on each application. Each such signature is a lly observed the jump; 2) each landing met the qualification requirements; must be submitted with the application of all landings. APPLICANT		
— CERTIFICATION OF QUAI	LICDA	#: Exp. Date:// D License:		
Qualifications Date Val	idating Signature"/iviember#			
made one jump with aerial smoke.		g Address:		
2. Received instruction in use of and made one jump with a flag.	Additi	onal Address:		
3. Received instruction in site		State:		
preparation, crowd control, and ground crew management.		ry: Zip:		
4. Served as ground crew on at least one Level 1, Level 2, or		Total Ram-Air Jumps:		
stadium jump.		By submitting this application for processing, I acknowledge that my privacy settings for sharing my personal information with third parties, in Parachutist and in public lists at uspa.org are to be maintained by myself in my USPA account at uspa.org. I certify by my signature here that all facts		
5. Received instruction from an experienced PRO rating holder,	containe	contained on this application are true and correct to the best of my knowledge.		
S&TA, or IE on applying for FAA certificates of authorization.	Signa	Date:/ture of Professional Exhibition Rating Applicant		

Professional Exhibition Rating. 7. Two-night jumps. Signature of Applicant's USPA Regional Director 8. Exam Score: Membership # Date I PAYMENT I Payment of **\$98.00** for PRO rating **U.S. Payment:** □ U.S. check or money order made to "USPA" or ☐ American Express, VISA, MasterCard or Discover □ I authorize my card on file at uspa.org/me to be used for this purchase. Card Holder's Signature Foreign Payment: American Express, VISA, MasterCard or Discover Sorry, no foreign checks or money orders. Please mail with your written examination and payment to USPA, 5401 Southpoint Centre Blvd., Fredericksburg, VA 22407. Payments to USPA are not tax deductible as charitable contributions for Federal Income Tax purposes.

- | VERIFICATION | -

I certify that this applicant is fully qualified to meet the requirements of the



PRO Rating High Performance Endorsement Card

United States Parachute Association®

10	QUALIFYING DEMONSTRATION PERFORMANCE	UMPS I
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To qualify for a HP (High Performance) endorsement for the PRO rating, applicants flying a parachute at a wing-loading greater than 1.5:1 must make a series of five solo jumps into an area 40 feet long by 20 feet wide using the same model and size canopy. All qualification jumps must be made in the presence of an S&TA, Examiner, member of the USPA Board or USPA Judge. All training listed on this card must be made within the previous 12 months of the submission of this application. See SIM 7-2 for all requirements.

Date	Location	Туре	Validating Signature*/Member#	
		□ Crosswind □ 45° Heading □ Standard	□ S&TA □ Examin	□ BOD er □ JUDGE
		□ Crosswind □ 45° Heading □ Standard	□ S&TA □ Examin	□ BOD er □ JUDGE
		□ Crosswind □ 45° Heading □ Standard	□ S&TA □ Examin	□ BOD er □ JUDGE
		□ Crosswind □ 45° Heading □ Standard	□ S&TA □ Examin	□ BOD er □ JUDGE
		□ Crosswind □ 45° Heading □ Standard	□ S&TA □ Examin	□ BOD er □ JUDGE
At least one la	for complete landing requirements anding must demonstrate a crosswind approach and landing into a oproaches and landings must demonstrate a heading change of at least	n area 40 feet lor 45 degrees during	ng by 20 feet wide. the final 150 feet of canopy flight.	
Size and cano	by used for qualification:	Wing load	ng:Exit weight:	

Note: This is the smallest canopy the PRO rating holder may use during a jump requiring a PRO rating (wing loading must be above 1.5).

*Important note concerning validating signatures: Each jump must be witnessed and signed separately. At least ten signatures must appear on each application. Each such signature is a pledge by the certifying S&TA, Examiner, USPA Board member or USPA Judge that: 1) they personally observed the jump; 2) each landing met the qualification requirements; 3) the jump was logged correctly. Applicant: You may not certify yourself. Video must be submitted with the application of all landings.

	20	
	Landing Zone	
		40'
Illustration 7-2.1:High performance		
endorsement approach and landing	;	
requirements as described in 7-2.B.1.e.(3)	, 45°	
	, 45°	
	, , , , , , , , , , , , , , , , , , , ,	
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ka ta di		
, till di		
Teg.		

	APPLICANT	
USPA #:E	xp. Date:/ D License:	
Name:		
Mailing Address:		
Additional Address:		
City:	State:	
Country:	Zip:	
Phone:	Total Ram-Air Jumps:	
By submitting this application for processing, I acknowledge that my privacy settings for sharing my personal information with third parties, in Parachutist and in public lists at uspa.org are to be maintained by myself in my USPA account at uspa.org. I certify by my signature here that all facts contained on this application are true and correct to the best of my knowledge.		
	Date:/	
Signature of PRO Rating HP F	Indorsement Applicant	

I VERIFICATION I	
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I certify that this applicant is fully qualified to meet the requirements of the Professional Exhibition Rating High Performance Endorsement.

Signature of Applicant's USPA Regional Director	Membership #	Date

	PAYMENT
Payment of \$20 for High Performance Endorsement	

U.S. Payment: □ U.S. check or money order made to "USPA" or

☐ American Express, VISA, MasterCard or Discover

☐ I authorize my card on file at uspa.org/me to be used for this purchase.

Foreign Payment:

American Express, VISA, MasterCard or Discover Sorry, no foreign checks or money orders.

Card Holder's Signature

Please mail with your written examination and payment to USPA, 5401 Southpoint Centre Blvd., Fredericksburg, VA 22407. Payments to USPA are not tax deductible as charitable contributions for Federal Income Tax purposes.